

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.

656258

FILING DATE

9-8-00

APPLICANT(S)

CLAIMS

CLAIM NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	KNO.	OEP.	KNO.	OEP.	KNO.	OEP.
1	1					
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